

Trucking Supplemental Application

Named Insured:	US DOT #:	ICC # MC # or MX #
----------------	-----------	--------------------

Other Operating Entity (ies) Name(s)	US DOT#	ICC # MC # or MX #
_____	_____	_____
_____	_____	_____

Effective date: _____

What type of authority? (Check those that are applicable)

Freight Broker	<input type="checkbox"/>	Common Carrier	<input type="checkbox"/>	Contract Carrier	<input type="checkbox"/>	Private Carrier	<input type="checkbox"/>
----------------	--------------------------	----------------	--------------------------	------------------	--------------------------	-----------------	--------------------------

What is the current status of your authority? (Check that which is applicable)

Permanent	<input type="checkbox"/>	Temporary	<input type="checkbox"/>	Emergency	<input type="checkbox"/>		<input type="checkbox"/>
-----------	--------------------------	-----------	--------------------------	-----------	--------------------------	--	--------------------------

What Ports are served? (By Name / Location)

What type of Port is it? (Check those that are applicable.)

	Air <input type="checkbox"/>	Rail <input type="checkbox"/>	Sea <input type="checkbox"/>	

	Trucking Revenue	Brokerage Revenue	Total Miles
Projected Policy Year			
Current Policy Year			
1 st Policy Year			
2 nd Prior Year			
3 rd Prior Year			
4 th Prior Year			

Enter # of each within each category	Company Trailers	Company Tractors	Owner/Operator Tractors	Other Trucks	Service Trucks	Private Passenger Vehicles	Total Power Units
Projected Policy Year							
Current Year							
1 st Prior Year							
2 nd Prior Year							
3 rd Prior Year							
4 th Prior Year							

Operation Radius (based on mileage)

Indicate the percentage (%) of your operation.

Radius	0 - 50	51 - 200	201 - 500	501 - +
Percentage (%)				
Average Radius:	Maximum Radius:			

What states do you regularly travel in? _____

- If states other than California, please provide copies of the last three quarters' International Fuel Tax Agreement (IFTA) reports.
- Do you travel in mountainous terrain areas?

Commodities Hauled:

List types of commodities hauled:

Indicate the percentage (%) of each commodity type hauled (based upon total trucking revenue.)

Commodity	Percentage (%)

Do you haul any hazardous materials, extra hazardous substances, or waste commodities?

Yes ☐ No ☐

If yes, what percentage of HazMat is transported? %

Description of Hazardous Material	Percentage %	Description the form of shipment (i.e., solid, powder, liquid, gas)	Description the size of shipment (i.e., gallons, tons, bulk).	Identify Placards

- If yes, do you have authority to haul hazardous materials by the Department of Transportation?
- If yes, do you have authority to haul hazardous waste commodities by the Environmental Protection Agency?

Equipment Information and Exposure Controls

Trailer Types: (Check those that are applicable)

Customized	<input type="checkbox"/>	Dry Van	<input type="checkbox"/>	Dump	<input type="checkbox"/>
Low Boy	<input type="checkbox"/>	Refrigerated	<input type="checkbox"/>	Tanker	<input type="checkbox"/>
Flatbed	<input type="checkbox"/>	Dry Bulk	<input type="checkbox"/>	Auto Hauler	<input type="checkbox"/>
Other	<input type="checkbox"/>				

Do you haul any baffled containers? Yes ☐ No ☐

Do you pull Double Trailers? Yes ☐ No ☐

Do you pull Triple Trailers? Yes ☐ No ☐

Do you use driver teams? Yes ☐ No ☐

Do you backhaul? Yes ☐ No ☐

If yes, what are you hauling? _____

If yes, how often? _____

If yes, how often? _____

If yes, how many? _____

If yes, what are you backhauling? _____

and from whom? _____

Do you haul overweight/oversized loads? Yes ☐ No ☐

Do you haul commodities that are subject to tight deliver time constraints? Yes ☐ No ☐

- If yes, what commodities / what constraints? _____

Do you have Trailer Interchange exposure? (Operation of Owned trailers used by others and / or Non-Owned trailers used by you that are subject to a written interchange agreement?) Yes ☐ No ☐

Do you have bobtail exposure? (Operation of tractor without trailer / semi-trailer attached) Yes ☐ No ☐

- If yes, how often? _____
- If so, so you maintain separate insurance coverage? Yes ☐ No ☐

Do you have deadheading exposure? (Operation of tractor-trailer while trailer is empty) Yes ☐ No ☐

- If yes, how often? _____
- If so, so you maintain separate insurance coverage? Yes ☐ No ☐

Is all the equipment operating under your authority scheduled on this application? Yes ☐ No ☐

Do you own any equipment not scheduled on this application? Yes ☐ No ☐

Operations supervision includes the use of: (Check those that are applicable):

Recording devices	<input type="checkbox"/>	Radio Dispatch	<input type="checkbox"/>	Surveillance devices	<input type="checkbox"/>
Antitheft devices	<input type="checkbox"/>	Cell Phones	<input type="checkbox"/>	Other	<input type="checkbox"/>

Are you operating your trucks with governors? Yes ☐ No ☐ If yes, at what speed are they set? _____

Equipment Maintenance Practices

What type of maintenance work is performed?

Describe _____

Describe your tire replacement policy. _____

Describe if /when tires are vulcanized / retreads. _____

Equipment Protection Practices (If Physical Damage Coverages are provided)

What type of protection is provided on equipment when left unattended or parked overnight?

Describe _____

Driver Information and Hiring Standards

Enter the total number (or % percentage of the total where appropriate):

Employed Drivers	Owner/Operator Drivers	Total # of Drivers	# of hours driven per driver / per day

Your driver selection procedures include the following: (Check those that are applicable)

Written Application	<input type="checkbox"/>	MVR check	<input type="checkbox"/>	Interview	<input type="checkbox"/>	Alcohol / Drug Tests	<input type="checkbox"/>
Disciplinary Warnings	<input type="checkbox"/>	Copy of License	<input type="checkbox"/>	Familiarization w/equipment	<input type="checkbox"/>	Proof of Insurance	<input type="checkbox"/>
Training Records	<input type="checkbox"/>	Periodic Physical Exam	<input type="checkbox"/>	List of Convictions	<input type="checkbox"/>	Familiarization w/routes	<input type="checkbox"/>
Written Test	<input type="checkbox"/>	Pre-Hire Physical Exam	<input type="checkbox"/>	Reference Checks	<input type="checkbox"/>	Driving Test	<input type="checkbox"/>
Accident Review	<input type="checkbox"/>	Procedures for accident reporting	<input type="checkbox"/>	Familiarization w/company rules	<input type="checkbox"/>	Training in handling commodities	<input type="checkbox"/>

Are driver files updated annually with MVR's?

Yes ☐ No ☐

Do all drivers have the federally required Commercial Driver's License (CDL)?

Yes ☐ No ☐

Do you report all newly hired operators to your agent/insurance carrier?

Yes ☐ No ☐

Who administers the driver hiring process? (Name / Title)

Are all drivers subject to insured's hiring standards?

Yes ☐ No ☐

Are all driver files maintained by the insured?

Yes ☐ No ☐

Do you maintain an accident register and conduct periodic accident analysis?

Yes ☐ No ☐

Are pre-planned scheduled routes available for drivers hauling in unfamiliar areas?

Yes ☐ No ☐

Do you have copies of certificates of insurance from drivers (for hired autos only) on file?

Yes ☐ No ☐

Are there any current scheduled drivers with citations for DWI, DUI, or reckless operation?

Yes ☐ No ☐

- If yes, provide the names of the drivers: (Names) _____

Describe your disciplinary action that is taken when drivers have unacceptable records. _____

How are drivers compensated?

By mile?

Yes ☐ No ☐

By trip?

Yes ☐ No ☐

By load?

Yes ☐ No ☐

By hour?

Yes ☐ No ☐

Are any drivers members of a union?

Yes ☐ No ☐

Filing Information

Is a Certificate of Insurance to the Intermodal Association of North America (IANA) required?

Yes ☐ No ☐

Is a Federal Highway Administration (FHWA) filing required? (BMC 91X)

Yes ☐ No ☐

Are state filings required? (Form E)

Yes ☐ No ☐

- If so list state(s): _____

Is an MCS 90 endorsement needed?

Yes ☐ No ☐

Are any Special filings / certificates required?

Yes ☐ No ☐

- If yes, Identify _____

Have you ever changed your operating name?

Yes ☐ No ☐

Have you ever operated under any other name?

Yes ☐ No ☐

- If yes, Name of the business: _____

- DOT Number: _____

Do you own, operate or manage any other transportation operations that are not included in this application? Yes ☐ No ☐

General Liability (List Business locations, if different from terminal locations listed)

Is the Insured involved in any business activity other than trucking? Yes ☐ No ☐

- If yes, Describe. _____

Does applicant do any storage / warehousing?

Yes ☐ No ☐

Does the applicant do any rigging?

Yes ☐ No ☐

Does the applicant have underground or above ground storage facilities?

Yes ☐ No ☐

Producer's Signature:

Date: